

EPA

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT



**HAZARDOUS WASTE INSPECTION
REPORT
TRANSPORTERS – PART A**

Folder GEN1-AdmRec? N



Date of Inspection 1/26/2005 Time Start 10:00 Time finish 11:30

Name of Inspector Megon Laudenslager, Solid Waste Specialist

Transporter Company Name American Environmental Services, Inc. (AES)

Inspection Location 4990 Grand Ave. Pittsburgh, PA 15225

County Allegheny Municipality Neville Twp.

EPA Identification Number PAR000043497 PA-AH-0671

Name of responsible official Doug Klonsinski

Title Health, Safety, & Compliance Manager

Mailing Address _____

Area Code and telephone number (412) 262-5700 (412) 262-5732 FAX

Name of person interviewed _____

Title _____

Mailing address (if different from above) _____

Area code and telephone number _____

1. a. Pa. hazardous waste transporter (HWT) license number PA-AH-0671

b. Expiration date 12/31/2006

2. Hazardous waste handling: ☐ N/A

a. ☐ Blending

☐ Mixing

b. ☒ Storage

☐ Treatment

☐ Disposal

c. ☐ Use

☐ Reuse

☐ Recycle

☐ Reclaim

3. Does the transporter generate hazardous wastes? ☐ Yes ☒ No ☐ N/A

4. Types of hazardous waste produced by Hazardous Waste Number:

COMMONWEALTH OF PENNSYLVANIA
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HAZARDOUS WASTE INSPECTION REPORT TRANSPORTERS – PART B

Site Name AES ID Number PAR000043497 Date 1/26/05

1-No Violation Observed 2-Not Applicable 3-Not Determined 4-Non-Compliance

STATUS				REQUIREMENT	PA Citation 25 PA Code	Federal Citation 40 CFR	LINE ITEM
1	2	3	4				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identification number	263a.11	263.11	H500
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Company licensed by PA DEP	263a.13		H501
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	License conditions met: License card on vehicle	SWMA 6018.403a		H502
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	License conditions met: PPC plan on vehicle	SWMA 6018.403a		H503
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	License conditions met: Insurance card on vehicle	SWMA 6018.403a		H504
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Transporter's Name is printed or typed on the manifest	263a.20(2)		H505
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Properly completed manifest accompanies all shipments	263a.10	263.20(c)	H506
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required number of copies of the manifest accompanies shipment	263a.10	263.20(c)	H507
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Entire quantity delivered as stated on manifest	263a.10	263.21(a)	H508
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Undeliverable shipment procedures followed	263a.10	263.21(b)	H509
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Only normal in-transit storage of waste	263a.12	263.12	H510
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-transit storage contingency plan approved by department for storage up to 10 days	263a.12		H511
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Records retained at designated location	263a.10	263.22	H512
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper action taken as a result of a spill.	263a.30	263.30	H513
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hazardous waste discharge during transportation properly cleaned up.	263a.10	263.31	H514
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Department notified of spill event during transportation	263a.30		H515

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT**INSPECTION REPORT COMMENTS**

Date of Inspection 1/26/05

Identification Number PAR000043497

Company/Facility/Site Name American Environmental Services Inc. (AES)

On January 26, 2005 Megan Laudenslager performed an inspection at American Environmental Services Inc. Doug Klonsinski was present from the facility.AES is a hazardous waste transporter, approved in-transit storage for hazardous waste, and a permit by rule to store residual waste at an approved hazardous waste in-transit storage facility. AES collects the waste from their client facility's and stores it onsite until arranging transport to one of their facility's in Morgantown, WV or Kentucky.There was no hazardous waste onsite at the time of the inspection. There were approximately 49 drums of residual waste inside a trailer that were closed and labeled. AES had not been performing or recording inspections of the waste storage areas. AES performed an inspection of the waste storage areas today and recorded that inspection in the inspection log as required by 25 PA Code Section 299.112(c).The PPC plan was in good order. Hazardous waste "Hazwopper" training had last been performed on 1/4/05.Mr. Klonsinski stated that AES is looking into processing and separating construction & demolition wastes onsite. Construction & demolition wastes are regulated as municipal wastes per 25 PA Code Section 271.2(b). Municipal waste transporters are subject to regulation under 25 PA Code Section 285 and municipal waste processors are subject to Section 283. This website is on the Dep website and lists general permits for residual and municipal wastes http://www.dep.state.pa.us/dep/deputate/airwaste/wm/mrw/Docs/GP_BU_MW_PERMITS.htm Please call Dave Eberle or myself if you have any other questions.One violation was noted and immediately corrected.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.
This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.
Signature by the persons interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person Interviewed

FAUCO
(Signature)

Date

1/27/05

Inspector

Mr. J. L. H.
(Signature)

Date

1/27/05

Printed on Recycled Paper

Site Name AES
 ID Number PAR000043497
 Date 1/26/05

INSPECTION REPORT – RESIDUAL WASTE DISPOSAL / PROCESSING FACILITIES - PERMIT BY RULE (CONT'D)

1 - No Violation Observed 2-Not-Applicable 3-Not-Determined 4-Non-Compliance

STATUS				REQUIREMENTS	COMMENTS ATTACHED	CHAPTER CITATION	LINE ITEM
1	2	3	4				
CONTAINER PROCESSING FACILITY							
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The facility meets the requirements of subsection (a).	<input type="checkbox"/>	287.102(a)	56
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The containers are reused for their originally intended purpose.	<input type="checkbox"/>	287.102(i) 287.102(a)	57
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any rinsate or containers not reused are managed in accordance with the applicable waste management regulations.	<input type="checkbox"/>	287.102(i)	58
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The operator of the facility submits written notice to the Department that includes the name, address and the telephone number of the facility, the individual responsible for operating the facility and a brief description of the waste and the facility.	<input type="checkbox"/>	287.102(i)	59
EMPTY DRUM RECONDITIONING							
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facility meets requirements of subsection (a).	<input type="checkbox"/>	287.102(a)	60
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facility submits a written notice to DEP that includes the name, address, and the phone number of the facility, the individual responsible for operating the facility and a description of the waste and the facility.	<input type="checkbox"/>	287.102(j)	61
TEMPORARY STORAGE OF RESIDUAL WASTE AT A HAZARDOUS WASTE TRANSFER FACILITY							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facility meets requirements of subsection (a).	<input type="checkbox"/>	287.102(a)	62
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Residual waste is stored in accordance with hazardous waste transfer facility requirements.	<input type="checkbox"/>	287.102(k)(1)	63
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Residual waste containers have secondary containment.	<input type="checkbox"/>	287.102(k)(2)	64
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Residual waste is not mixed with other waste.	<input type="checkbox"/>	287.102(k)(3)	65
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Residual waste stored separately from hazardous waste.	<input type="checkbox"/>	287.102(k)(5)	66
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Residual waste containers clearly labeled with "residual waste."	<input type="checkbox"/>	287.102(k)(4)	67
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nonputrescible residual waste stored within required time limits.	<input type="checkbox"/>	287.102(k)(6)	68
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facility bond covers processing of residual waste.	<input type="checkbox"/>	287.102(k)(7)	69
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facility submits a written notice to DEP that includes the name, address, and the phone number of the facility, the individual responsible for operating the facility and a description of the waste and the facility.	<input type="checkbox"/>	287.102(k)(8)	70
WASTE OIL FACILITIES							
Waste Oil Generators							
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Captive Processing – The facility meets the applicable requirements of subsections (b)(3)-(8).	<input type="checkbox"/>	298.20(b)(3)-(8)	71
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Required recordkeeping is maintained	<input type="checkbox"/>	298.20(c)	72
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Onsite burning in space heater requirements met.	<input type="checkbox"/>	298.23	73
Waste Oil Collection Centers and Aggregation Points							
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Waste Oil Collection center - The facility meets the requirements of subsection (b).	<input type="checkbox"/>	298.30(b)	74
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Waste Oil Aggregation Points –The facility meets the requirements of subsection (b)	<input type="checkbox"/>	298.31(b)	75
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Waste Oil Burners Who Burn Off-Specification Waste Oil for energy Recovery. The facility meets the requirements of subsection (a).	<input type="checkbox"/>	298.60(a)	76
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		

WEEKLY CONTAINER STORAGE INSPECTION LOG

Example

Storage Area Name/Number: _____ Date: _____ Time: _____

Name of individual performing inspection: _____

<u>Number of Containers</u>	<u>Type</u>
_____	_____
_____	_____
_____	_____
_____	_____

- ☐ All containers in good condition
 - No evidence of corrosion (e.g., pitting or severe rust/deterioration other than minor surface discoloring)
 - No evidence of leaks
 - Containers not dented, crushed or punctured
 - General condition of containers
- ☐ All containers closed
- ☐ All containers properly marked and markings clearly visible
 - Start date _____ Oldest start date: _____
 - Words "Hazardous Waste" on each container
- ☐ Emergency equipment present and in good condition
 - Fire extinguishers
 - Hoses
 - Alarms
 - Spill response materials
- ☐ Ignitable and reactive waste \geq 15 m. or 50 feet from property line.
- ☐ No incompatible wastes together.

Description of any problems found and actions taken: ☐ None

Signature: _____

		Yes	No
1.	All hazardous waste containers are in appropriate Storage area with secondary containment	X	
2.	All containers are clearly labeled hazardous waste	X	
3.	All containers have their accumulation start date clearly marked on them	X	
4.	No containers exceed their 180 day accumulation time	X	
5.	All containers are free of any stray or extraneous labels, markings, dates, etc.	X	
6.	All containers are securely closed	X	
7.	No containers show any sign of leakage	X	
8.	All containers are in good condition. They show no signs of rust, damage, dents, bulges	X	
9.	Containers are not stacked more than 2 high	X	
10.	Secondary containment is free of any hazardous waste. All spill or leaks have been thoroughly cleaned up	X	

	Week 1	Week 2	Week 3	Week 4	Week 5
Oil	95 Gal.	105 Gal.	120 Gal.	125 Gal.	125 Gal.
Antifreeze	155 Gal.	165 Gal.	165 Gal.	170 Gal.	170 Gal.
Used	8 Gal.	10 Gal.	10 Gal.	12 Gal.	15 Gal.
Thinner					
Date	4275	4282	4289	4296	4303
Inspected					

4/11/03 10:50 AM

Weekly Clean-up of Hazardous Material Spills

	Spill Date	Estimated Quantity	Clean-up Method	Date Clean-up Complete
Week 1				
<input checked="" type="checkbox"/> No spills				
Week 2				
<input checked="" type="checkbox"/> No spills				
Week 3				
<input checked="" type="checkbox"/> No spills				
Week 4				
<input checked="" type="checkbox"/> No spills				
Week 5				

☐ No spills

Date submitted to OAR

Hazmat/Hazwaste Coordinator

Site Manager

CONTAINER/DRUM STORAGE AREA

Container Storage Area

Date

Inspector

Item	Issues of Concern	Yes	No	N/A	N/K	Observations/Comments	Remedial Action
Containers	No evidence of deterioration or leaks	x					
	Containers properly labeled	x					
	Containers securely closed	x					
	Containers are in the proper storage location	x					
Surrounding Areas	No evidence leaks, spills, cracks, debris, deterioration	x					
Secondary Containment	No evidence leaks, spills, cracks, debris, deterioration	x					
Aisle Space	Aisle space is sufficient	x					

Supervisor Signature

Date

EVALUATION - VIOLATION - ENFORCEMENT FORM							
Handler ID Number		PAR000043497			RCRA Non-Notifier YES [] NO [X]		
					If YES, the handler section must be completed		
Handler Name		AES TRANSPORTATION INC					
Street		4990 GRAND AVE					
City		PITTSBURG		State		PA	
				Zip Code		15225	
County or County Code				Contact MATT STRAUER, DIR OF OPERATIONS			
UNIVERSE CHANGE REQUIRED YES [] NO [] or Indicate Universe Status of the RCRA Non-Notifier							
I. Indicate the facility's current Universe(s):				III. Indicate the new transporter status:			
II. Indicate the new RCRIS Generator Universe:				Transporter [] Non-Transporter []			
LQG [] SQG [] CEG []				Mark Mode of Transportation			
NON-HANDLER [] CLOSED []				[] Air [] Water			
				[] Rail [] Other			
				[] Highway			
EVALUATION Add [X] Change [] Delete []							
Date		Number		Agency		Type	
9/27/00				S		NRR	
Reason		Branch		Person			
		WCRO		VAKJB			
AREAS OF EVALUATION (E - Evaluated NE - Not Evaluated NA - Not Applicable)							
GGR	GSC	DCH	DLB	DPB	DIN	BPS	CSS
GLB	GSQ	DCL	DLF	DPP	DIA	BIS	UOR
GMR	TGR X	DCP	DLT	DSI	DPS	BCE	SCC
GOR	TMR	DFR	DMC	DTR	DOP	BDT	
GPT	TOR	DGS	DMR	DTT	DMI	CAS	
GRR	TWD	DGW	DOR	DWP	BRR	FEA	
Comments REVIEW OF TRANSPORTER PERMIT APPLICATION							
OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION							
Agency	Number	Area	Determined		Agency	Number	Area
VIOLATION Add [] Change [] Delete [] Link to Above Evaluation? Yes [] No []							
Agency	Number	Area	Regulation Type		Regulation Citation		
S							
				Return to Compliance			
Date Determined		Branch		Person		Scheduled	
				VA		Actual	
Comments							

10/25/00
JB

EVALUATION - VIOLATION - ENFORCEMENT FORM

Handler ID Number				RCRA Non-Notifier YES [] NO [X]			
PAR000043497				If YES, the handler section must be completed			
Handler Name				AES Transportation, Inc.			
Street				4990 Grand Avenue			
City		State		Zip Code			
Pittsburg		PA		15225			
County or County Code			Contact		Matt Strauber		
UNIVERSE CHANGE REQUIRED YES [] NO [] or Indicate Universe Status of the RCRA Non-Notifier							
I. Indicate the facility's current Universe(s):				III. Indicate the new transporter status:			
II. Indicate the new RCRIS Generator Universe:				Transporter [] Non-Transporter []			
LQG [] SQG [] CEG []				Mark Mode of Transportation			
NON-HANDLER [] CLOSED []				[] Air [] Water			
				[] Rail [] Other			
				[] Highway			
EVALUATION Add [X] Change [] Delete []							
Date		Number		Agency		Type	
09/22/2000				S		NRR	
Reason		Branch		Person			
		NR		VASM			
AREAS OF EVALUATION (E - Evaluated NE - Not Evaluated NA - Not Applicable)							
GGR	GSC	DCH	DLB	DPB	DIN	BPS	CSS
GLB	GSQ	DCL	DLF	DPP	DIA	BIS	UOR
GMR	TGR E	DCP	DLT	DSI	DPS	BCE	SCC
GOR	TMR	DFR	DMC	DTR	DOP	BDT	
GPT	TOR	DGS	DMR	DTT	DMI	CAS	
GRR	TWD	DGW	DOR	DWP	BRR	FEA	
Comments HW Transporter Permit - Memorandum							
OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION							
Agency	Number	Area	Determined	Agency	Number	Area	Determined
VIOLATION Add [] Change [] Delete [] Link to Above Evaluation? Yes [] No []							
Agency	Number	Area	Regulation Type	Regulation Citation			
S							
				Return to Compliance			
Date Determined	Branch	Person	Scheduled	Actual			
		VA					
Comments							

10/25/00
Jm

Handler ID Number				Handler Name			
PAR000043497				AES Transportation, Inc.			
VIOLATION Add [] Change [] Delete [] Link to Above Evaluation? Yes [] No []							
Agency	Number	Area	Regulation Type		Regulation Citation		
S							
Date Determined		Branch	Person	Return to Compliance			
		VA		Scheduled	Actual		
Comments							
VIOLATION Add [] Change [] Delete [] Link to Above Evaluation? Yes [] No []							
Agency	Number	Area	Regulation Type		Regulation Citation		
S							
Date Determined		Branch	Person	Return to Compliance			
		VA		Scheduled	Actual		
Comments							
VIOLATION Add [] Change [] Delete [] Link to Above Evaluation? Yes [] No []							
Agency	Number	Area	Regulation Type		Regulation Citation		
S							
Date Determined		Branch	Person	Return to Compliance			
		VA		Scheduled	Actual		
Comments							
VIOLATION Add [] Change [] Delete [] Link to Above Evaluation? Yes [] No []							
Agency	Number	Area	Regulation Type		Regulation Citation		
S							
Date Determined		Branch	Person	Return to Compliance			
		VA		Scheduled	Actual		
Comments							
ENFORCEMENT Add [] Change [] Delete []							
Date	Number	Agency	Type	Branch		Person	
		S				VA	
Penalty Type		Penalty Amount		Multimedia Enforcement Codes			
		\$		(Place an 'X' next to all that apply)			
		\$		AIR [] EPCRA [] FIFRA [] SPCC [] UST [] TSCA PCB [] UIC [] WATER [] WETLANDS []			
Comments							
VIOLATIONS COVERED BY ABOVE ENFORCEMENT ACTION							
Agency	Number	Area	Determined	Agency	Number	Area	Determined



COMMONWEALTH of VIRGINIA

DEPARTMENT OF ENVIRONMENTAL QUALITY

James S. Gilmore, III
Governor

John Paul Woodley, Jr.
Secretary of Natural Resources

Northern Virginia Regional Office
13901 Crown Court
Woodbridge, VA 22193-1453
(703) 583-3800 fax (703) 583-3801
<http://www.deq.state.va.us>

Dennis H. Treacy
Director

Gregory L. Clayton
Regional Director

MEMORANDUM

To: Julia King-Collins

From: Stephanie Canfield *sc*

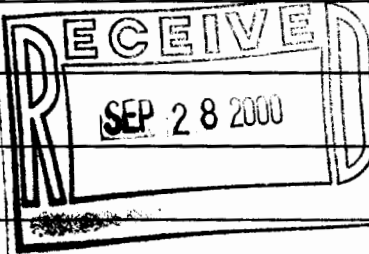
Date: September 22, 2000

Subject: Hazardous Waste Transporter Permit
AES Transportation, Inc.
PAR000043497

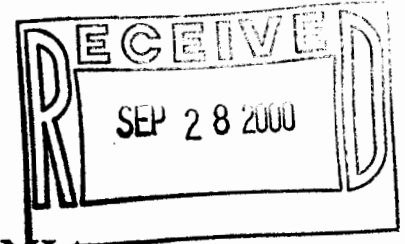
cc: Christian Braun
Jon Terry

NVRO has no objections to the issuance of this permit.

EVALUATION - VIOLATION - ENFORCEMENT FORM

Handler ID Number PAR000043497		RCRA Non-Notifier YES [] NO [X]		
Handler Name AES Transportation, Inc.		If YES, the handler section must be completed		
Street 4990 Grand Avenue				
City Pittsburgh	State PA			Zip Code 15225
County or County Code				Contact Matt Stauber
UNIVERSE CHANGE REQUIRED YES [] NO [X]		or Indicate Universe Status of the RCRA Non-Notifier		
I. Indicate the facility's current Universe(s): Transporter II. Indicate the new RCRIS Generator Universe: LQG [] SQG [] CEG [] NON-HANDLER [] CLOSED []		III. Indicate the new transporter status: Transporter [] Non-Transporter [] Mark Mode of Transportation [] Air [] Water [] Rail [] Other [] Highway		
EVALUATION Add [X] Change [] Delete []				
Date 9/27/00	Number S	Agency NRR	Reason PR	
Branch VASES				
AREAS OF EVALUATION (E - Evaluated NE - Not Evaluated NA - Not Applicable)				
GGR	GSC	DCH	DLB	
GLB	GSQ	DCL	DLF	
GMR	TGR - E	DCP	DLT	
GOR	TMR	DFR	DMC	
GPT	TOR	DGS	DMR	
GRR	TWD	DGW	DOR	
			DWP	
			BRR	
			FEA	
Comments: IN COMPLIANCE				

10/16/00
MS



COMMONWEALTH of VIRGINIA

DEPARTMENT OF ENVIRONMENTAL QUALITY

James S. Gilmore, III
Governor

John Paul Woodley, Jr.
Secretary of Natural Resources

PIEDMONT REGIONAL OFFICE

4949-A Cox Road
Glen Allen, Virginia 23060
(804) 527-5020
Fax (804) 527-5106
<http://www.deq.state.va.us>

Dennis H. Treacy
Director

Gerard Seeley, Jr.
Piedmont Regional Director

MEMORANDUM

TO: Julia King-Collins, Environmental Engineer Senior

THROUGH: Moe Habibi, Environmental Manager *R. P. Smith*

FROM: *SRB*
Susan Shettle, Compliance Specialist Senior

DATE: September 27, 2000

SUBJECT: AES Transportation, Inc.
EPA ID Number: PAR000043497

Per your request of September 18, 2000, I have researched the files in the Piedmont Regional Office for information concerning this transporter. Our files do not show any information concerning the compliance/enforcement history of this facility. Also, I spoke with our enforcement and emergency response personnel and they have no information concerning this transporter. Please contact me if you have any further questions.



EPA I.D. NUMBER

INSTALLATION ADDRESS

- 1 of 2 -

ID - For Official Use Only

PAR000043497

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activities

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☒ a. For own waste only
- ☒ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☒ 2. Rail
- ☒ 3. Highway
- ☒ 4. Water
- ☐ 5. Other - specify _____
- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
- ☐ 4. Exempt Boiler and/or Industrial Furnace
- ☐ a. Smelting, Melting, and Refining Furnace Exemption
- ☐ b. Small Quantity On-Site Burner Exemption
- ☐ 5. Underground Injection Control

C. Used Oil Management Activities

1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)
- ☒ a. Transporter
- ☐ b. Transfer Facility
2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Processor
- ☐ b. Re-refiner
- ☐ 3. Off-Specification Used Oil Burner
4. Used Oil Fuel Marketer
- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

B. Universal Waste Activity

- ☐ Large Quantity Handler of Universal Waste

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

B. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24; See instructions if you need to list more than 4 toxicity characteristic waste codes.)

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

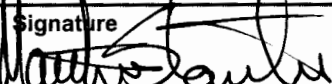
1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

C. Other Wastes. (State-regulated or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature 	Name and Official Title (Type or print) Matthew Stauber, Dir. of Operations	Date Signed 7/10/00
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XI. Comments

AES Transportation, Inc. is owned by David Torrence, Our building owner is Neville Development Corp.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section IV of the booklet for addresses.)

July 10, 2000

U.S. EPA Region 3
Waste and Chemicals Management Division
1650 Arch Street, 3WC11
Philadelphia, Pennsylvania 19103-2029

To Whom It May Concern:

Enclosed please find our Notification of Regulated Waste Activity Form. We are a new corporation that will be providing Hazardous Waste Transportation Services.

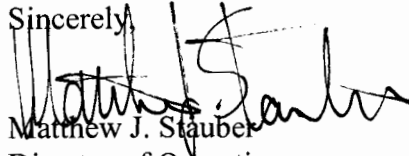
Please note per the instructions that we have included the name of our landlord as well as the name of the owner of our corporation in the additional comments. Clarification is below.

Owner of AES Transportation, Inc. – David Torrence
4990 Grand Avenue
Pittsburgh, PA 15225
412 262-5700 ext. 221

Owner of our Property – Neville Development Corporation
104 Broadway Avenue
Carnegie, PA 15106
412 278-4111

Thank you for help with this process. If you have any questions, please do not hesitate to call me at (412) 262-5700 ext. 232.

Sincerely,



Matthew J. Stauber
Director of Operations